



# Iowa Department of Human Services

Terry E. Branstad  
Governor

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Director

## INFORMATIONAL LETTER NO.1145

**TO:** Iowa Medicaid Physician, Dentist, Advanced Registered Nurse Practitioner, Therapeutically Certified Optometrist, Podiatrist, Pharmacy, Home Health Agency, Rural Health Clinic, Clinic, Skilled Nursing Facility, Intermediate Care Facility, Community Mental Health, Family Planning, Residential Care Facility, ICF MR State and Community Based ICF/MR Providers

**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise (IME)

**DATE:** June 27, 2012

**SUBJECT:** Iowa Medicaid Pharmacy Program Changes

**EFFECTIVE:** July 30, 2012

### 1. Changes to the Preferred Drug List (PDL)<sup>1</sup> Effective July 30, 2012

<u>Preferred</u>	<u>Non-Preferred</u>	<u>Recommended</u>	<u>Non-Recommended</u>
Olanzapine	Butisol	Advate <sup>®</sup>	Erivedge <sup>™</sup>
Polyethylene Glycol 3350 (legend)	Bydureon <sup>™1</sup>		Inlyta <sup>®</sup>
Quetiapine	Dutoprol <sup>™</sup>		Lamivudine / Zidovudine
	Edarbyclor <sup>™1</sup>		
	Escitalopram		
	Fluocinolone Acetonide Oil		
	Fluvastatin		
	Gammaked <sup>™</sup>		
	Ibandronate		
	Ibuprofen 100mg/5ml Suspension (legend)		
	Intermezzo <sup>®1</sup>		
	Irbesartan <sup>1</sup>		
	Irbesartan/HCTZ <sup>1</sup>		
	Janumet <sup>®</sup> XR <sup>1</sup>		
	Jentaduo <sup>™1</sup>		
	Kalydeco <sup>™</sup>		

	Methylphenidate ER Capsules <sup>1</sup>		
	Modafinil <sup>1</sup>		
	Oxecta <sup>®1</sup>		
	Picato <sup>®</sup>		
	Progesterone Capsules		
	Seroquel <sup>®</sup>		
	Tinidazole		
	Triazolam <sup>1</sup>		
	Zioptan <sup>™</sup>		
	Ziprasidone		
	Zyprexa <sup>®</sup>		

<sup>1</sup>Clinical PA Criteria Apply

**2. New Drug Prior Authorization Criteria-** See prior authorization criteria posted at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the Prior Authorization Criteria tab.

- **Crizotinib (Xalkori<sup>®</sup>):** Prior authorization is required for Xalkori<sup>®</sup> (crizotinib). Payment will be considered for patients when the following is met:
  1. Diagnosis of locally advanced or metastatic non-small cell lung cancer (NSCLC) that is anaplastic lymphoma kinase (ALK)-positive as detected by an FDA-approved test (attach copy of results); and
  2. Is prescribed by an oncologist.
- **Ivacaftor (Kalydeco<sup>™</sup>):** Prior authorization is required for Kalydeco<sup>™</sup> (ivacaftor). Payment will be considered for patients when the following criteria are met:
  1. Patient is 6 years of age or older; and
  2. Has a diagnosis of cystic fibrosis with a G551D mutation in the CFTR gene as detected by an FDA-cleared CF mutation test; and
  3. Prescriber is a CF specialist or pulmonologist; and
  4. Patient does not have one of the following infections: *Burkholderia cenocepacia*, *dolosa*, or *Mycobacterium abscessus*.

**3. Changes to Existing Prior Authorization Criteria-** *Changes are italicized.* See complete prior authorization criteria posted at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the Prior Authorization Criteria tab.

- **Benzodiazepines:** *Requests for clobazam (ONFI) will be considered for a diagnosis of seizures associated with Lennox-Gastaut syndrome (LGS) in patients 2 years of age and older when used as an adjunctive treatment.*

- **Chronic Pain Syndromes:**

6. *A diagnosis of chronic musculoskeletal pain (Cymbalta®).*

*A trial and therapy failure at a therapeutic dose with at least three drugs from three distinct therapeutic classes from the following: NSAIDs, opioids, tramadol, or tricyclic antidepressants.*

Requests for concomitant use of these agents for an indicated chronic pain diagnosis may only be considered once each agent has been tried at maximum tolerated dose separately. *Duplicate use of drugs from the same therapeutic category will not be considered.*

- **Erythropoiesis Stimulating Agents:** Prior authorization is required for erythropoiesis stimulating agents prescribed for outpatients for the treatment of anemia.

1. Hemoglobin less than 10g/dL. If renewal of prior authorization is being requested, a hemoglobin *less than 11g/dL (or less than 10g/dL for patients with Chronic Kidney Disease (CKD) not on dialysis) will be required for continued treatment.* Hemoglobin laboratory values must be dated within four weeks of the prior authorization request.

- **Sedative/Hypnotics Non-Benzodiazepines:**

*Preferred agents are available without prior authorization (PA). Although intermittent therapy is recommended, quantity limits will allow 30 tablets per 30 days supply without PA for preferred medications.*

Prior authorization is required for all non-preferred non-benzodiazepine sedative/hypnotics. Payment for non-preferred non-benzodiazepine sedative/hypnotics will be authorized only for cases in which there is documentation of a previous trial and therapy failure with the preferred agent(s). *Payment for non-preferred non-benzodiazepine sedative/hypnotics will be considered when there is:*

1. A diagnosis of insomnia,
2. Medications with a side effect of insomnia (i.e. stimulants) are decreased in dose, changed to a short acting product, and/or discontinued,
3. Enforcement of good sleep hygiene is documented,
4. All medical, neurological, and psychiatric disease states causing chronic insomnia are being adequately treated with appropriate medication at therapeutic doses,
5. *Patient has a documented trial and therapy failure with zaleplon.*

#### 4. Point of Sale (POS) Billing Issues:

**ProDUR Quantity Limits:** The following quantity limit edits will be implemented effective *July 30, 2012*. A comprehensive list of all quantity limit edits appears on our website, [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the heading, "Quantity Limits".

Drug Product	Quantity	Days Supply	Comments
Codeine Sulfate 15mg	180	30	6 tablets per day
Codeine Sulfate 30mg	180	30	6 tablets per day
Codeine Sulfate 60mg	180	30	6 tablets per day
Kalydeco 150mg	60	30	
Latuda 40mg	30	30	
Latuda 80mg	60	30	
Lunesta 1mg	30	30	
Lunesta 2mg	30	30	
Lunesta 3mg	30	30	
Rozerem 8mg	30	30	
Xalkori 200mg	60	30	
Xalkori 250mg	60	30	
Zaleplon 5mg	30	30	
Zaleplon 10mg	60	30	
Zolpidem 5mg	30	30	
Zolpidem 10mg	30	30	
Zolpidem ER 6.25mg	30	30	
Zolpidem ER 12.5mg	30	30	

5. **Preferred Diabetic Blood Glucose Monitors and Test Strips:** As a reminder, **effective July 1, 2012**, Abbott Diabetes Care will be the single preferred manufacturer for diabetic glucose monitors and test strips. Please refer to Informational Letter 1129 for the complete list of preferred products.

- Blood glucose meters should not be billed to Iowa Medicaid. The code below should be used to process claims for meters:

RxBIN: 603286

RxPCN: 01414843

Group#: 4843IAMETER

ID#: 16543867219

Exp: 9/30/2012

Requests for non-preferred blood glucose monitors and test strips should be referred to the IME Medical Prior Authorization Unit at 888-424-2070 or 515-256-4624 locally.

6. **Specialty Drug List:** Several additions to the Specialty Drug List will be effective July 30, 2012. Please refer to the complete Specialty Drug List located at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the heading Specialty Drug List.

**7. Preferred Brand Name Drugs on the PDL-Pharmacy Clarification**

When a status change occurs for a previously preferred brand name drug to non-preferred status, up to a *minimum* of 30 days transition period is given to pharmacies to help utilize existing brand name product in stock in an effort to decrease a pharmacy's remaining brand name drug inventory (see PDL comment section regarding transition periods exceeding 30 days). If additional stock remains beyond this time period, pharmacies may call the POS Helpdesk at 877-463-7671 or 515-256-4608 (local) to request an override for the non-preferred brand name drug with a recent status change.

**8. DUR Update:** The latest issue of the Drug Utilization Review (DUR) Digest is located at the Iowa DUR website, [www.iadur.org](http://www.iadur.org) under the "Newsletters" link.

We encourage providers to go to the website at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-256-4607 (local in Des Moines) or by email [info@iowamedicaidpdl.com](mailto:info@iowamedicaidpdl.com).